

SECTION 1



New York State Department of Environmental Conservation  
Division of Water



**Report of Noncompliance Event**

To: DEC Water Contact JEFFREY KONSELLA

DEC Region: 9

Report Type: ☐ 5 Day ☐ Permit Violation ☐ Order Violation ☐ Anticipated Noncompliance ☐ Bypass/Overflow ☒ Other

SECTION 2

SPDES #: NY- 0028410 Facility: BUFFALO SEWER AUTHORITY

Date of noncompliance: 04 / 15 / 15 Location (Outfall, Treatment Unit, or Pump Station): OUTFALL

Description of noncompliance(s) and cause(s): DRY WEATHER OVERFLOW OCCURRED AT 10:15 AM ON 04/15/15 SPP # 23 & 24 & 296  
THROUGH OUTFALL#12. LINE WAS PLUGGED WITH DEBRIS

Has event ceased? (Yes) (No) If so, when? 04 / 15 / 15 Was event due to plant upset? (Yes) (No) SPDES limits violated? (Yes) (No)

Start date, time of event: 04 / 15 / 15, 10 : 15 (AM) (PM) End date, time of event: 04 / 15 / 15, 11 : 13 (AM) (PM)

Date, time oral notification made to DEC? 04 / 15 / 15, 12 : 47 (AM) (PM) DEC Official contacted: ROBERT SMYTHE(EMAIL)

Immediate corrective actions: BSA STAFF CLEANED CHAMBER OF ALL DEBRIS

Preventive (long term) corrective actions: \_\_\_\_\_

SECTION 3

Complete this section if event was a bypass:

Bypass amount: \_\_\_\_\_ Was prior DEC authorization received for this event? (Yes) (No)

DEC Official contacted: \_\_\_\_\_ Date of DEC approval: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

SECTION 4

Facility Representative: MICHAEL LETINA

Title: TREATMENT PLANT SUPT.

Date: 04 / 15 / 15

Phone #: ( 716 ) 851 - 4664 X5201

Fax #: ( 716 ) 883 - 3789

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

  
Signature of Principal Executive  
Officer or Authorized Agent

*Certified* # 7014 2120 0001 9660 0021

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SECTION 2

SPDES #: NY- 0028410 Facility: BUFFALO SEWER AUTHORITY

Date of noncompliance: 04 / 28 / 15 Location (Outfall, Treatment Unit, or Pump Station): OUTFALL

Description of noncompliance(s) and cause(s): DRY WEATHER OVERFLOW OCCURRED AT 9:30 AM ON 04/28/15 SPP # 355B

THROUGH OUTFALL#53. LINE WAS PLUGGED WITH DEBRIS

Has event ceased? ☒ Yes ☐ No If so, when? 04 / 28 / 15 Was event due to plant upset? (Yes) ☐ No ☒ SPDES limits violated? (Yes) ☐ No ☒

Start date, time of event: 04 / 28 / 15, 9 : 30 ☒ (AM) ☐ (PM) End date, time of event: 04 / 28 / 15, 09 : 50 ☒ (AM) ☐ (PM)

Date, time oral notification made to DEC? 04 / 28 / 15, 11 : 00 ☒ (AM) ☐ (PM) DEC Official contacted: ROBERT SMYTHE(EMAIL)

Immediate corrective actions: BSA STAFF CLEANED CHAMBER OF ALL DEBRIS

Preventive (long term) corrective actions:

SECTION 3



SECTION 4

Facility Representative: Roberta Gaiek

Title: TREATMENT PLANT ADMINISTRATOR Date: 04 / 28 / 15

Phone #: ( 716 ) 851 - 4664 X5208

Fax #: ( 716 ) 883 - 3789

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Principal Executive  
Officer or Authorized Agent

CERTIFIED MAIL # 7010 1870 0002 3618 9115